DELAWARE DIAMOND STATE HEALTH PLAN DEMONSTRATION

FACT SHEET

Name of Section 1115 Demonstration:	**Diamond State Health Plan**
Waiver Number:	**11-W-00036/4**
Date Submitted:	**July 29, 1994**
Date Proposal Approved:	**May 17, 1995**
Date Implemented:	**January 1, 1996**
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Summary

The Diamond State Health Plan (DSHP) implemented a mandatory Medicaid managed care program statewide on January 1, 1996. Using savings achieved under managed care, Delaware expanded Medicaid health coverage to additional low-income adults in the State as well as an expansion of family planning services to women. As of September 30, 2006 there are approximately 105,170 eligible individuals enrolled in the Demonstration.

Goals of the State program are to improve and expand access to healthcare to more adults and children throughout the State, create and maintain a managed care delivery system emphasizing primary care, and to strive to control the growth of healthcare expenditures for the Medicaid population.

Amendments

There have been no recent amendments to the DSHP.

Eligibility

All Temporary Assistance to Needy Families (TANF), TANF-related and State Supplementary Income (SSI) Medicaid recipients are eligible for the program with the exception of those receiving long term care in institutional or home and community based settings, breast and cervical cancer treatment program, presumptively eligible pregnant women and those that are dually eligible for Medicare. Medicaid eligibles not eligible for DSHP remain in the State's fee-for-service Medicaid. DSHP expanded Medicaid eligibility to uninsured Delawareans with incomes up to 100 percent of the Federal poverty level (FPL) on April 1, 1996.

Benefits

DSHP offers a basic benefit package including medical and mental health services. The State is continuing to pay for certain optional Medicaid services, e.g. dental services, under the State's fee-for-service program for categorical eligibles. Although all enrolled children receive all early

and periodic screen, diagnostic and treatment (EPSDT) services, certain optional Medicaid services are not available to the adult expanded group through the managed care plans.

Mental health services exceeding those provided in the basic benefit package are being provided through the relevant State agencies and are being reimbursed on a fee-for-service basis.

Family Planning benefits were extended to a period of two (2) years after a woman loses Medicaid eligibility or comprehensive DSHP benefits.

Pharmacy services are being provided on a fee-for–service basis.

Delivery System

The State reports the following entities in Delaware are currently responsible for delivering healthcare services for Medicaid, they include:

- DSHP managed care contractors/MCOs
- School based health clinics
- State agencies
- Fee-for-service providers

The State requires that these entities ensure coordination of benefits between the managed care organization's primary care providers and those listed to monitor utilization of services across the spectrum, and ensure no duplication occurs.

Quality Assurance

Delaware has devised a quality assurance plan based upon the HCFA Quality Assurance Reform Initiative guidelines for Medicaid managed care plans.

Cost Sharing

Demonstration participants are charged nominal copayments as defined by the Delaware Medicaid State Plan.

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